

# Application for Employment



## Alameda County CMA

1333 Broadway, Suite 220

Oakland, CA 94612

(510) 836-2560

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle

Telephone # ( ) \_\_\_\_\_ Street \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodations?  Yes  No

### Referral Source (Please check the appropriate category and name the source)

- Walk-in \_\_\_\_\_
- Employee \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Company's Website \_\_\_\_\_
- Other Internet \_\_\_\_\_
- School \_\_\_\_\_
- Job Fair \_\_\_\_\_
- Staffing Agency \_\_\_\_\_
- Government Employment Agency \_\_\_\_\_
- Other \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_ AM/PM

May we contact you at work?  Yes  No

If yes, work number and best time to call: ( ) \_\_\_\_\_ : \_\_\_\_\_ AM/PM

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before?  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If yes, give dates From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  N/A  Yes  No

Will you work overtime if required?  Yes  No

If no, please explain \_\_\_\_\_

If driving is a required function of the job for which you are applying, provide driver's license number: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No

NOTE: Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (In answering these questions, do not include minor traffic infractions and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pre-trial or post-trial diversion programs, and marijuana-related offenses that occurred over two years ago.)

Have you ever pled "guilty" or "no contest" to, or been convicted of a misdemeanor or felony?  Yes  No

If yes, please give the date and details: \_\_\_\_\_

Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial?  Yes  No

If yes, please give the date and details: \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
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Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		<b>Compensation (Final)</b>
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What were the things you liked least about the position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....  Yes  No

If **yes**, please explain \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

- |  |              |   |              |
|--|--------------|---|--------------|
| <input type="checkbox"/> Word Processing _____ | Years: _____ | <input type="checkbox"/> Internet _____ | Years: _____ |
| <input type="checkbox"/> Spreadsheet _____     | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |
| <input type="checkbox"/> Presentation _____    | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |
| <input type="checkbox"/> E-mail _____          | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, sexual orientation, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, sexual orientation, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If yes, please explain: \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Affirmative Action Voluntary Information

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Referral Source

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement – Source _____ |   | <input type="checkbox"/> Other _____               |

Name of person who referred you (if applicable) \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Male  Female

## Please check one of the following Equal Employment Opportunity Identification Groups:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic   |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Multiracial (having parents of different races)<br><small>This identification group is recognized only in the state of Michigan.</small> |

## For Administrative Use Only

Position(s) applied for  Available  Not Available

Other positions considered for \_\_\_\_\_

Hired  Yes  No

Position hired for \_\_\_\_\_ Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers               | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals          | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled)      |
| <input type="checkbox"/> Technicians            | <input type="checkbox"/> Craft Workers (skilled)     | <input type="checkbox"/> Service Workers           |

Notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_